patient's underlying character structure—his compulsive need to prove his masculinity, and his counterphobic need to deny his underlying passivity, fears and inadequacy feelings—is discussed.

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Philodendron Dermatitis

CLETE DORSEY, M.D., Pasadena

PHILODENDRON or *Scandens Cardatum* (Figure 1), is a vine-like, tropical plant that has become popular for growing in a pot inside houses.

Recently I observed a case of dermatitis caused by this plant.

REPORT OF A CASE

A 23-year-old Mexican girl was seen one week after the onset of a moderately severe dermatitis of the arms, face and neck. A papulovesicular eruption was present on the dorsa of both hands, the inner wrists, the inner forearms and the outer surfaces of both upper arms. The skin of the eyelids, face and neck was diffusely swollen and erythematous. Itching was severe enough to prevent sleep. The eruption was similar to that of a mild reaction to poison oak.

The patient immediately suggested that the dermatitis might have been caused by Philodendron plants with which she came in contact in her daily work in a commercial greenhouse. She had been told there that Philodendron plants were toxic to the skin. To investigate this possibility, dermal patch tests were done with leaves and stems of all of the plants encountered in her work. The results of all tests at the end of 24 hours were negative. Because it had dried, the Philodendron patch test material (crushed leaves and stems) was moistened with water. At the end of 48 hours, the tests were examined again. There was no reaction to any of the other materials, but there was papulovesicular dermatitis (Figure 2) at the site of the Philodendron patch.

The original dermatitis cleared in two weeks on therapy which included wet dressings, application of an ointment containing hydrocortisone and terramycin (Terra-cortril®) and injection of corticotropin gel subcutaneously. The patient gave no history of a previous allergic reaction. The present attack came on two weeks after she had begun planting Philodendron cuttings.

Three other persons worked at the nursery at

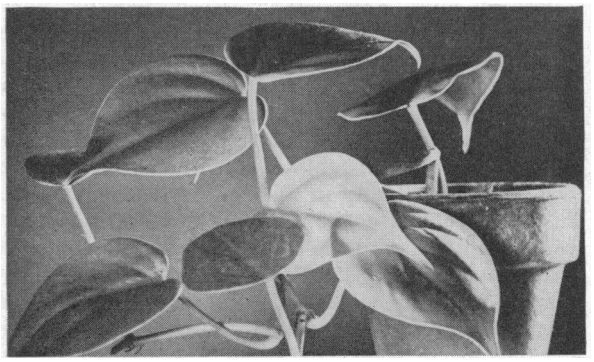

Figure 1.—A typical small Philodendron plant. The color is a uniform bottle-green in both the leaves and stems.

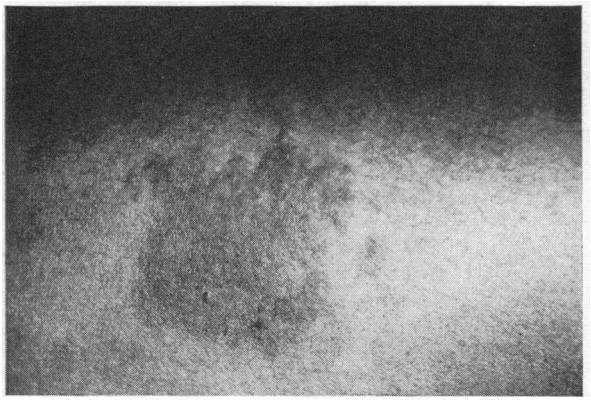

Figure 2.—Patch test reaction to Philodendron leaves and stems (crushed and moistened with water). This photograph was taken four days after the patch was applied. The reaction occurred at about 36 hours after application of the test.

From the Department of Dermatology, University of Southern California School of Medicine, Los Angeles.

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which the patient was employed—the owner, his wife and a Mexican gardener. The owner's wife was so sensitive to Philodendron that she had given up working with the plants. The owner also had allergic sensitivity to these plants but had become "hardened" and now had only mild, transient dermatitis when he worked with them for long periods. He said that a number of other workers in previous years had had to leave because of sensitivity to Philodendron; and he had found that Mexican workers were rarely affected.

DISCUSSION

I could find only one other report of a case of Philodendron dermatitis in the literature. Harris[1] in 1942 described chronic dermatitis of the eyelids in a 23-year-old housewife which was traced to Philodendron plants in her home. The lapse of 15 years between Harris' report and this one would suggest that Philodendron dermatitis is extremely uncommon. Yet such is not the case. Six commercial nursery owners were interviewed. Two of them reported a high incidence of Philodendron sensitivity among their workers. Occasionally the disease was so severe the employee had to avoid exposure to the plant, but in the larger proportion of cases it was relatively mild. Four nurseries reported that none of their employees had ever had allergic reaction to Philodendron. This difference could not be explained except perhaps by the fact that these four dealt relatively little in Philodendron. Nurseries where dermatitis had occurred reported that the plants were more troublesome when the leaves were wet. It is noteworthy in this regard that the woman in the present case did not show a positive reaction to a patch test until the test material was moistened with water. Also, the patient in the case reported by Harris washed the leaves of her plants now and then to keep them glossy and the dermatitis always became worse soon afterward. These observations would suggest that the toxic principle of Philodendron is water-soluble and that it does not lie on the surface of the leaves but within them.

A paradox in Philodendron dermatitis is that it occurs frequently in workers in commercial nurseries, yet apparently almost never in housewives who cultivate the plants at home. Possibly many cases in housewives are not diagnosed. However, I believe that the explanation lies in the difference between the way this plant is cultivated in nurseries and in the home. Plants grown in the home are rarely touched, but in a nursery a worker may come in contact with cut leaves and stems hundreds of times a day. Furthermore, in the home plants are watered cautiously, usually at the base to avoid dripping and splattering, but in a nursery they are watered in such a way that the entire plant becomes wet. It is conceivable that different methods of watering used in different nurseries may account for differences in the extent to which dermatitis occurs among workers.

SUMMARY

Contact dermatitis from Philodendron (*Scandens Cardatum*), a very popular house plant, occurred in a woman who handled the plants in a commercial nursery. A previous investigator reported a case in a woman who cultivated and cared for one of the plants in her home.

Apparently this disease is not uncommon in workers who cultivate Philodendron commercially. Whether or not it is common in housewives who cultivate it at home is not known.

65 North Madison Avenue, Pasadena.

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